

## **VA Methadone Availability Stable in Era of Cost Cutting**

MIRECC health services researchers found steady availability of VA opiate substitution therapy from 1995-1999 when overall substance abuse treatment costs declined by 45%. Opiate substitution therapy, most commonly with methadone, is both a highly effective and highly expensive outpatient treatment for heroin addiction. Opiate substitution treatment works by providing a safer, longer lasting oral drug to replace heroin, an illegal, short-acting drug that is usually injected. Methadone maintenance has been shown to keep patients addicted to heroin in treatment, reduce or eliminate heroin use, foster rehabilitation and prevent the spread of AIDS. The high cost derives from need for daily dispensing during early phases of treatment and for compliance with extensive regulatory requirements. The researchers tested the idea that methadone availability would decline in those VA's with the greatest reductions in funding per patient. The good news from this study is that the number of VA opiate substitution patients rose by 24% overall and held steady even in VA's that faced the largest per patient cost cuts. However, the number of annual clinic visits per patient decline by 16% in that time, suggesting that program enrollees are receiving less counseling and other services. Most of this era's cost cuts in substance abuse treatments were absorbed by reductions in inpatient funding, which was reduced by 79%. Some of those costs were shifted to increased funding for outpatient care, which rose by 66% in the same time period. The researchers, Robert Rosenheck, M.D., Douglas Leslie, Ph.D. and George Woody, M.D., attribute methadone's continued availability to clinical managers' placing a high value on its effectiveness. However, it still comprises only a minor part (10%) of VA outpatient substance abuse treatment.